

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 676840

1. Entity Name

WINDSOR HOLDINGS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90112 012 ***158.75

Principal Place of Business

Mailing Address

C/O SHERWOOD SHARFE
5809 N.W. 34TH WAY
BOCA RATON FL 33496

C/O SHERWOOD SHARFE
5809 N.W. 34TH WAY
BOCA RATON FL 33496-2759

2. Principal Place of Business

5809 WINDSOR TERRACE

3. Mailing Address

5809 WINDSOR TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

Country

33496

USA

Zip

Country

33496

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARFE, SHERWOOD
5809 N.W. 34TH WAY
BOCA RATON FL 33496

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHARFE, SHERWOOD
5809 N.W. 34TH WAY
BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARFE, SHERWOOD SHARFE

Date

Daytime Phone #

JAN 5/2000 561-989-9239

CR2E034 (9/99)